



Marijuana Regulatory Agency
P.O. Box 30205, Lansing, MI 48909
Telephone: (517) 284-8599

MEDICAL MARIJUANA FACILITY LICENSE APPLICATION

This facility license application is the **SECOND** of **two steps** in the application process for consideration for a state operating license.

Please refer to the Application Instruction Booklet for instructions on how to complete all forms in the applications process and the manner in which your forms and documents must be arranged and submitted at: www.michigan.gov/mmfl

All application forms must be complete and must be answered **truthfully**. Any incomplete or untruthful information may result in the application being delayed or denied. Use **BLUE** or **BLACK** ink only and print clearly. Make a copy of your completed forms before submitting as they will not be released back to you.

Review this checklist for the forms and documents required to complete this application:

Facility License Documents

- ☐ Facility Demographics

Attestations

- ☐ G - Acknowledgment and Consent to Investigations, Statute, & Rule Compliance
- ☐ H - Applicant's Interest & Experience Attestation
- ☐ Acknowledgment of Attestations (notarized)
- ☐ I - Confirmation of Sec. 205 Compliance (notarized)
- ☐ J - Confirmation of Sec. 408 Compliance (notarized)
 - ☐ Declarations Page of the Insurance Policy or the Fully Executed Surety Bond

Business Plans

- ☐ Marijuana Facility Plan Complying with Rule 9
- ☐ Floor Plan
- ☐ Technology Plan (3rd party integrating software with METRC)
- ☐ Staffing Plan
- ☐ Marketing Plan (advertising, propaganda, etc.)
- ☐ Inventory & Recordkeeping Plan

Additional Required Documents

- ☐ Deed or Lease Agreement
- ☐ Certificate of Occupancy
- ☐ Letter sent to Municipality w/Certified Mail Receipt
- ☐ Municipality Ordinance
- ☐ Documents Related to Transfer of Ownership (if applicable)

Optional Documents

- ☐ Consent to Publish Licensee Public Contact Information

Prior to licensure the applicant must pass all precensure inspections and comply with all other licensure requirements in the Act and Administrative Rules and provide proof as requested. The application is not complete until all precensure inspections have been passed.

VALIDATION - FOR DEPARTMENT USE ONLY

MRA RECEIPT



FACILITY DEMOGRAPHICS

BUSINESS PREMISES

Please provide the following information regarding the entity seeking a state operating license.

Entity Name & Record Number (if applicable)	Assumed Name/Doing Business As
License Type <input type="checkbox"/> Grower Class A <input type="checkbox"/> Processor <input type="checkbox"/> Grower Class B <input type="checkbox"/> Provisioning Center <input type="checkbox"/> Grower Class C <input type="checkbox"/> Secure Transporter <input type="checkbox"/> Safety Compliance Facility	Other State Operating License(s)? <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> If yes, identify other license types and record numbers:
Entity Physical Address	FEIN/SSN
<div style="display: flex; justify-content: space-between;"> City State Zip Code </div>	Entity Phone
Entity Mailing Address	Entity Email Address
<div style="display: flex; justify-content: space-between;"> City State Zip Code </div>	Estimated Income <input type="checkbox"/> \$100,000 - \$150,000 <input type="checkbox"/> \$200,001 - \$300,000 <input type="checkbox"/> \$150,001 - \$200,000 <input type="checkbox"/> \$300,001 and above
Business Open Date	
Is this location currently licensed or the subject of another facility license application? <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	If yes, name the current entity applicant or licensee below (provide any documentation related to the transfer of ownership).

PERSON COMPLETING APPLICATION

Please provide the following information for the individual who will act as the primary contact to the Marijuana Regulatory Agency (MRA) for this license.

Name (First, Middle, Last)	Affiliation with Entity
Mailing Address	Entity Name (if applicable)
<div style="display: flex; justify-content: space-between;"> City State Zip Code </div>	Phone
Regulatory License No. (if applicable)	Email Address



FACILITY INSPECTION INFORMATION

Is the facility ready for inspection by MRA and Bureau of Fire Services (BFS)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the facility ready for plan review by BFS (processors and growers only)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no for either question above, indicate anticipated date or provide a timeline when the facility will be ready for MRA and BFS inspection and/or plan review. Please note, a facility is ready for inspection when the business is ready to begin operations.	

NOTE: The following documents must be submitted with the application.

Business Plans

- ☐ Marijuana Facility Plan Complying with Rule 9
- ☐ Floor Plan
- ☐ Technology Plan (3rd party integrating software with METRC)
- ☐ Staffing Plan
- ☐ Inventory & Recordkeeping Plan
- ☐ Marketing Plan (advertising, propaganda, etc.)

Additional Required Documents

- ☐ Deed or Lease Agreement
- ☐ Certificate of Occupancy
- ☐ Letter sent to Municipality w/Certified Mail Receipt
- ☐ Municipality Ordinance
- ☐ Documents Related to Transfer of Ownership (if applicable)

MUNICIPALITY INFORMATION

Name of Local Governing Municipality	Municipal Authority Address
Contact Person for Municipality	Municipality's Email Address
Date of Municipal Application (if applicable)	Municipality Phone
County of Business	Business Location Zoning Category (e.g., agriculture, commercial)
Municipality Notice Sent via Certified Mail <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Municipality Notice sent via Certified Mail

PROOF OF FINANCIAL RESPONSIBILITY

Indicate which of the following is being used to demonstrate proof of financial responsibility for liability of bodily injury resulting from manufacture, distribution, transportation, or sale of adulterated marijuana or marijuana-infused product.

- ☐ Cash ☐ Insurance Policy ☐ Surety Bond

If cash is being used, provide the following information. Please note, if cash is being used, the amount must not be less than \$100,000 and Attestation J does not need to be submitted.

Name (First, Middle, Last)	Amount Reserved
Financial Institution Name	Account Name and Number



ATTESTATION G

ACKNOWLEDGMENT & CONSENT TO INVESTIGATIONS, STATUTE, & RULE COMPLIANCE

(To be completed and signed by a representative with authority to bind the entity)

I, _____, on behalf of _____, (Entity) being first duly sworn upon oath, affirmation or depose hereby acknowledge:

1. I am the person responsible for submitting this application, and have full authority to submit supplemental documentation, and attestations.
2. The Marijuana Regulatory Agency (Agency) may require additional materials to carry out its statutory duties. I agree to submit supplemental materials as requested in a timely manner.
3. I attest that the application information related to the governing municipality for the marijuana facility which is the subject of this application is complete and accurate. Further, that the use of the premises described therein complies with all covenants, easements, restrictions, and other matters of record including the use provisions of any applicable zoning ordinance and all other governmental requirements.
4. As required under the Medical Marijuana Facilities Licensing Act, 2016 PA 281 (MMFLA) Sec.401(1)(k), I attest that I have notified the appropriate municipality identified in this application by registered mail that I have applied for a state medical marijuana facility license or will so notify within 10 days of the application submission date.
5. I hereby consent to investigations of the physical premises intended to be licensed for the purposes of rule and regulation compliance, facility safety and security, and integrity of marijuana facility operation integrity. I understand that failing to cooperate with an investigation process the Agency may impound, seize, assume physical control of, or remove from the premises all books, ledgers, documents, writings, photocopies, correspondence, records, and videotapes, including electronically stored records, money receptacles, or equipment in which the records are stored. Failure to assist in an investigation may also result in denial, suspension, revocation, or restriction of a license.



ATTESTATION H

APPLICANT'S INTEREST & EXPERIENCE ATTESTATION

(To be completed and signed by a representative with authority to bind the entity)

I, _____, on behalf of _____, (Entity) being first duly sworn upon oath, affirmation or depose hereby acknowledge:

I attest and affirm that if the entity is applying for a GROWER A, B, or C license that the entity does not have any interest in a secure transport or safety compliance facility. I attest that the entity's investors do not have any interest in a secure transporter or safety compliance facility. I further acknowledge that I am not a registered primary caregiver as defined in the Medical Marihuana Act, 2008 Initiated Law 1 (MMA) Sec. 3(k); MCL § 333.26423(3)(k). I attest that I will not employ an individual who is simultaneously a primary caregiver. I further attest that I am or will employ an individual who has a minimum of 2 years' experience as a registered primary caregiver.

I attest and affirm that if the entity is applying for a PROCESSOR license that the entity does not have any interest in a secure transporter or safety compliance facility. I attest that the entity's investors do not have any interest in a secure transporter or safety compliance facility. I further acknowledge that I am not a registered primary caregiver as defined in the MMA Sec. 3(k); MCL § 333.26423(3)(k). I attest that I will not employ an individual who is simultaneously a primary caregiver. I further attest that I am or will employ an individual who has a minimum of 2 years' experience as a registered primary caregiver.

I attest and affirm that if the entity is applying for a SECURE TRANSPORTER license that the entity does not have any interest in a grower, processor, provisioning center, or safety compliance facility. I further acknowledge that I am not a registered primary caregiver as defined in the Medical Marihuana Act, 2008 Initiated Law 1 (MMA) Sec. 3(k); MCL § 333.26423(3)(k).

I attest and affirm that if the entity is applying for a PROVISIONING CENTER license that the entity does not have any interest in a secure transporter or safety compliance facility. I attest that the entity's investors do not have any interest in a secure transporter or safety compliance facility.

I attest and affirm that if the entity is applying for a SAFETY COMPLIANCE FACILITY license, that the entity does not have any interest in a grower, secure transporter, processor, or provisioning center. I attest that the entity's investors do not have any interest in a grower, secure transporter, processor, or provisioning center. I further acknowledge that I am, or have employed at least 1 staff member, with an advanced degree in medical or laboratory science relevant to the processes at my marijuana facility.

I hereby understand that if the entity is found to be noncompliant with these requirements, as set forth in the Medical Marihuana Facility Licensing Act (MMFL), 2016 P.A. 281 Sec. 501 *et. seq.*, the entity may be subject to disciplinary action or risk loss of licensure.



ACKNOWLEDGMENT OF ATTESTATIONS

(Use BLUE or BLACK ink ONLY)

(To be completed and signed by an individual with authority to bind the entity)

Do not sign until notary is present

I hereby swear, acknowledge, and consent to the contents of the following attestations (check all that apply):

- ☐ Attestation G – Acknowledgment & Consent to Investigations, Statute, & Rule Compliance
- ☐ Attestation H – Applicant’s Interest & Experience Attestation

Signature of Individual with Authority to Bind the Entity

Date

Individual with Authority to Bind the Entity – Name and Title

Subscribed and sworn to by _____ before me on _____.
(Individual’s Name) (Date)

(Notary Public Signature)

(Notary Public Printed Name)

State of _____, County of _____. Acting in the County of, _____, _____.
(County) (State)

My commission expires: _____.



ATTESTATION I

(Use BLUE or BLACK ink ONLY)

CONFIRMATION OF SEC. 205 COMPLIANCE

(To be signed by the municipal clerk or their designee and submitted by the applicant)

Do not sign until notary is present

PART A:

I, _____, (Clerk/Designee) of _____ (Municipality), hereby attest to the Marijuana Regulatory Agency (Agency) that the applicant for a state operating license as named below and at the address listed below, is in compliance with the municipal ordinance requirement of section 205 of the Medical Marijuana Facilities Licensing Act, 2016 PA 281 (MMFLA) and as provided in the administrative rules enacted pursuant to the MMFLA.

Applicant

Address

Type of Marijuana Facility

I further attest that:

1. The municipality has adopted an ordinance under section 205 of the MMFLA.
2. There are ☐ are not ☐ limitations on the number of the above listed type of proposed marijuana facility. If limitations exist, a description of the limitations is attached.
3. There are ☐ are no ☐ zoning regulations that apply to the proposed marijuana facility within the municipality. If zoning regulations exist, a description of the zoning regulations are attached.
4. The applicant has municipal authorization to operate. A certificate of occupancy, by whatever name the municipality designates, has been issued ☐ has not been issued ☐.

Clerk (or designee) Municipality Date

Subscribed and sworn to by _____ before me on _____.
(Clerk or Designee) (Date)

Notary Public Signature Notary Public Printed Name

State of _____, County of _____. Acting in the County Of _____, _____.
(County) State)

My commission expires: _____.

PART B:

I, on behalf of the applicant, understand that this Attestation I is submitted in compliance with Section 205 of the MMFLA and the MMFLA Administrative Rules.

Applicant Signature

Date



ATTESTATION J

(Use BLUE or BLACK ink ONLY)

CONFIRMATION OF SEC. 408 COMPLIANCE

(To be signed by an authorized representative or designee of the insurance or surety company with authority to bind the company and submitted by the applicant)

Do not sign until notary is present

PART A:

I, _____ (Representative/Designee) of _____ (Insurance or Surety company), hereby attest to the Marijuana Regulatory Agency (Agency) that the applicant for a state operating license as named below in Part B, has liability coverage for bodily injury to lawful users resulting from the manufacture, distribution, transportation or sale of adulterated marijuana or adulterated marijuana infused products in an amount not less than \$100,000.00 and that no products liability exclusion exists in the liability coverage issued to the Applicant and/or Licensee that would exclude the coverage mandated in MCLA 333.27408 or any corresponding sub-rule.

I further attest that:

☐ The policy number for the above-reference insurance policy is _____, with an effective date of _____, and expiration date of _____. The declarations page of the above-reference policy is attached hereto.

☐ The surety bond number for the above-reference surety bond is _____, with an effective date of _____, and expiration date of _____.

☐ The policy or surety bond listed above covers the following locations: (list all locations the policy or bond covers).

License Type & Address

License Type & Address

Representative (or Designee)

Company

Date

Subscribed and sworn to by _____ before me on _____.
(Representative or Designee) (Date)

Notary Public Signature

Notary Public Printed Name

State of _____, County of _____. Acting in the County Of _____, _____.
(County) (State)

My commission expires: _____.

PART B:

I, the applicant, understand that I am submitting this Attestation J in compliance with Section 408 of the MMFLA and the Administrative Rules.

Applicant Signature

Date

Title

Facility Name (Required)

Facility Address (Required)



CONSENT TO PUBLISH LICENSEE PUBLIC CONTACT INFORMATION

In an effort to make it easier for the public to communicate with licensees, the Marijuana Regulatory Agency (MRA) is requesting authorization to post licensee contact information on the public MRA website.

Please indicate below whether the applicant/proposed licensee consents to public contact information for the licensee being posted on our website upon licensure.

- ☐ I, on behalf of the applicant/proposed licensee, consent to the MRA publishing the following contact information for the applicant/proposed licensee on the MRA website upon licensure (select all that apply and provide the requested information):

☐ Public contact person's name: _____

☐ Telephone number: _____

☐ Email address: _____

☐ Website address: _____

- ☐ I, on behalf of the applicant/proposed licensee, do not consent to the MRA publishing public contact information for the proposed licensee on the MRA website.

Applicant Entity/Proposed Licensee Name or Sole Proprietor Name

Date

Signature of Individual with Authority to Bind the Entity

Individual with Authority to Bind the Entity: Printed Name and Title